

FILED NOV 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37534

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10285

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN ST. LOUIS, MISSOURI

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY St. Louis

c. CITY OR TOWN Florissant 4051

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION BARNES HOSPITAL

Length of stay in lb
74 days

d. STREET ADDRESS (If outside, give location)
27 2420 Churchill Downs

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

RICHARD

R.

HARTRUM

4. DATE OF DEATH
Month Day Year
OCTOBER 30, 1957

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED

NEVER MARRIED ☐
WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH

July 14, 1923

9. AGE (In years last birthday)

34

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HRS.

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Glazier

10b. KIND OF BUSINESS OR INDUSTRY
Glazier

11. BIRTHPLACE (City and state or country)
Lewisburg, Ohio

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME

Glen Hartrum

13b. MOTHER'S MAIDEN NAME

Treva Overholser

14. NAME OF HUSBAND OR WIFE

Mary Hartrum

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, (if known) (If yes, give dates of service)
Yes

16. SOCIAL SECURITY NO.
314 16 2477

17. INFORMANT

Address

Mary Hartrum 2420 Churchill Downs

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) ACUTE MONOCYTIC LEUKEMIA

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

204.2

2

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

INTERVAL BETWEEN ONSET AND DEATH
1 YEAR

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from AUG. 17, 1957 to OCT. 30, 1957 and last saw him alive on OCT. 30, 1957
Death occurred at 11:20 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

H. Bradley

22b. ADDRESS

M. D.

600 South Kingshighway

22c. DATE SIGNED

10/31/57

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Nov 2 1957

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town, or county)

St. Louis

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Collier Mortuary St. Ann Mo.

25. DATE RECD. BY LOCAL REG.

NOV 1 '57

26. REGISTRAR'S SIGNATURE

J. C. Smith MD
-m86

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address St Ann

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.